BRIGHTON - CRAMAHE
CHAMBER OF COMMERCE

PO Box 880 Brighton, ON K0K 1H0
Tel: 613.475.2775 Email: info@brightoncramahechamber.ca

2018 Membership Registration Form

Please complete the information section and return with your payment to Brighton-Cramahe Chamber of Commerce.

Name of Business:_____
Contact Person: _____
Business Location: _____
Mailing Address: _____
Town:_____ Postal Code: _____
Phone: _____ Cell Phone: _____
Fax: _____ Toll Free: _____
Email: _____
Website: _____

Business Description: This information will appear on the Chamber Website. _____

_____

Preferred Method of Contact:_____
I would like to receive the Chamber eNews (please circle one) YES NO

*****$175 (includes HST) payable by December 31, 2017**

Payment Type: (please circle one) Cheque VISA Mastercard

Visa or MasterCard Card #: _____

Expiry Date: _____Signature:_____

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